

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT											
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1							51	1						
2								52	2						
3								53	2						
4								54	2						
5								55	2						
6								56	1						
7								57	1						
8								58	1						
9								59	1						
10			2					60	1						
11	1							61	1						
12	1							62	4						
13			3					63	2						
14			3					64	1						
15			3					65	1						
16			3					66							
17	1							67							
18			1					68							
19			3					69							
20			3					70							
21			3					71							
22	1							72							
23	1							73							
24			2					74	1						
25			2					75	2						
26			2					76	2						
27			2					77	1						
28	1							78	1						
29			3					79	1						
30			3					80							
31			3					81							
32			3					82							
33			3					83							
34			3					84							
35			3					85							
36			3					86							
37			3					87							
38			3					88							
39			3					89							
40			3					90							
41			3					91							
42			3					92							
43	1							93							
44			1					94							
45			1					95							
46			3					96							
47			3					97							
48	1							98							
49	1							99							
50	1							100							
TOTAL IND.	↓		↓		↓			TOTAL IND.	↓		↓		↓		
TOTAL DEP.								TOTAL DEP.							
TOTAL CLAIMS								TOTAL CLAIMS							